



Nancy A
McMahon/DLNR/StateHiUS
09/29/2009 02:21 PM

To Molly E Schmidt/DLNR/StateHiUS@StateHiUS
cc
bcc
Subject Re: 2009-2010 Legacy Land application

ok they have looked into National Trust for Public Lands and National Tropical Botanical Gardens. I have not heard back from Kauai Land Trust but also believe the NTBG board needs to meet on this. I can get a tentative letter from them.

Nancy McMahon, Deputy State Historic Preservation Officer
Archaeology and Historic Preservation Manager
State Historic Preservation Division
Department of Land and Natural Resources
Kakuhihewa Building
601 Kamokila Blvd., Suite 555
Kapolei, Hawai'i 96707

Ph: (808) 692-8015
Fax: (808) 692-8020
Cell: (808) 652-1510
nancy.a.mcmahon@hawaii.gov

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"I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who have sought and found how to serve."--Albert Schweitzer

-----Molly E Schmidt/DLNR/StateHiUS wrote: -----

To: Nancy A McMahon/DLNR/StateHiUS@StateHiUS
From: Molly E Schmidt/DLNR/StateHiUS
Date: 09/25/2009 02:40PM
Subject: 2009-2010 Legacy Land application

Hi Nancy,

Thank you for the DLNR/HP application for the Ossipoff House/Opaekaa Lands project. I have a few questions/comments on the application:

- The note on Page 2 states that DLNR/HP is considering a land trust as a potential holding entity. What entity will purchase the land from the current landowner? If you haven't already, please read Hawaii Revised Statutes, sections 173A-9 and 173A-10, regarding transfers of lands acquired with Legacy Land funds.
- The costs of six items listed on the Estimated Acquisition Costs Worksheet (Page 11) are not listed or included in the total. Also, the land value donation is greater than the estimated value of the land.
- The matching funds listed on the Estimated Matching Funds Worksheet (page 12) do not add up to the total.

If you'd like to provide clarification, please reply and I'll forward the info to the Legacy Land Conservation Commission.



"Leihinahina a Keawe
Sullivan"
<leihina@hawaii.rr.com>
10/03/2009 06:04 AM

To <molly.e.schmidt@hawaii.gov>
cc <Nancy.A.McMahon@hawaii.gov>, <w_holi@hotmail.com>, <lohai@hawaii.edu>, <levonohai@hawaii.rr.com>, <wilmaholi@hawaii.rr.com>, <chbutt303@aol.com>, bcc
Subject 2009-2010 Legacy Land Application - DLNR/HP Application for the Ossipoff House/Opaeka'a Lands Project

Aloha Ms. Schmidt,

Please find attached clarification.

- The note on Page 2 states that DLNR/HP is considering a land trust as a potential holding entity. What entity will purchase the land from the current landowner? If you haven't already, please read Hawaii Revised Statutes, sections 173A-9 and 173A-10, regarding transfers of lands acquired with Legacy Land funds.

Mahalo,

Leihinahina a Keawe Sullivan
PO Box 1873
Lihue, HI 96766
Ph: (808)284-0999
Email: leihina@hawaii.rr.com



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ScannedImage-2.jpg



ScannedImage-3.jpg



ScannedImage-4.jpg

October 2, 2009


Molly Schmidt
Coordinator, Legacy Land Conservation Program
DLNR/Division of Forestry and Wildlife
Office: (808) 586-0921, Fax: (808) 586-0923

Re: DLNR/HP Application for the Ossipoff House/Opaeka'a Lands Project
5552-C Kuamo'o Road, Kapa'a, Hawai'i
501(c)3 Non-Profit Holding Entity

Dear Ms. Schmidt,

Mobile Native Hawaiian Health Inc. is the non-profit holding entity that will be purchasing the land from the current landowner for the Ossipoff House located at 5552-C Kuamo'o Road. Please do not hesitate to contact me if additional information is required.

A me ka ha'aha'a,
(Sincerely)

Leihina Sullivan 

Encl.

- c. Wilma Holi, Chair
- Levon Ohai, Co-Chair
- Christian Butt, Esq.
- Nancy A. McMahon

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: 01/30/2009

MOBILE NATIVE HAWAIIAN HEALTH INC
C/O LEVON A OHAI
4076 PUAOLE ST
LIHUE, HI 96766

Employer Identification Number:
26-4111318
DLN:
17053055014049
Contact Person:
STEPHANIE L JONES TAYLOR ID# 31395
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 27, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

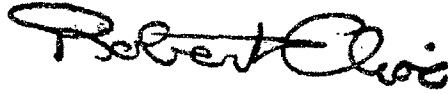
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

MOBILE NATIVE HAWAIIAN HEALTH INC

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. **APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name MOBILE NATIVE HAWAIIAN HEALTH, INC.
Address 4076 Puaoale Street
City/State/Zip Code Lihue, HI 96766
DBA/Trade Name MOBILE NATIVE HAWAIIAN HEALTH, INC.

2. **TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

FEDERAL EMPLOYER ID # 2 6 4 1 1 1 3 1 8
(FEIN)
SOCIAL SECURITY #(SSN) _____

3. **APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- ☐ CORPORATION ☐ S CORPORATION ☒ TAX EXEMPT ORGANIZATION
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ESTATE ☐ TRUST
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____

4. **THE TAX CLEARANCE IS REQUIRED FOR:**

- ☒ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * ☐ LIQUOR LICENSE *
☐ REAL ESTATE LICENSE ☐ CONTRACTOR LICENSE ☐ BULK SALES
☐ FINANCIAL CLOSING ☐ PROGRESS PAYMENT ☐ PERSONAL
☐ HAWAII STATE RESIDENCY ☐ FEDERAL CONTRACT ☐ LOAN
☐ SUBCONTRACT ☐ OTHER _____

* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

5. **NO. OF CERTIFIED COPIES REQUESTED:** ☐

6. **SIGNATURE:**

Leihinahina Sullivan

PRINT NAME

SIGNATURE

Corporate Officer

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

04/10/2009

DATE

(808) 284 - 0999

TELEPHONE

()
FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-348) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2648 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**
PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

HCE

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE / /
HAWAII RETURNS FILED IF APPLICABLE 20____ 20____ 20____ 20____ 20____ 20____
STATE APPROVAL STAMP State of Hawaii APPROVED APR 24 2009 per <i>[Signature]</i> Department of Taxation
*IRS APPROVAL STAMP APR 24 2009 per <i>[Signature]</i> V & I Honolulu
CERTIFIED COPY STAMP